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September 6, 2017

Senator Bradley
Commission to Evaluate the Effectiveness and
Future of the Premium Assistance Program
State House
Room 302
107 North Main Street
Concord, NH 03301

RE: Impact of the PAP on community health center patients' access to substance use disorder treatment and behavioral health services

Dear Senator Bradley and Commission Members:

Thank you for the opportunity to present information to you regarding the impact of the Premium Assistance Program on community health center patients' access to substance use disorder treatment and behavioral health services. Without a doubt, the NH Health Protection Program has been the single most important piece of legislation positively affecting access to health care and health insurance coverage in New Hampshire. This is especially true for our friends and neighbors in need of substance use disorder treatment and behavioral health services.

Bi-State Primary Care Association is a nonprofit organization that advocates for access to primary and preventive care for all New Hampshire residents, but with a special emphasis on the medically underserved. We also represent NH's 16 community health centers located throughout the state. New Hampshire's CHCs serve over 109,000 patients, and of those, over 89,000 are served by federally qualified health centers, a subset of the CHCs.¹ Federally qualified health centers are required to submit patient demographics, services offered and received, clinical data, and payer information to the Health Resources and Services Administration annually. The information below was extrapolated from the data submitted to HRSA.

While the most recent data reported to HRSA is limited for a number of reasons, it clearly demonstrates the importance of the NHHPP and now the PAP to the patients and communities served by the CHCs, and in particular, the FQHCs.² In one year of the NHHPP, the number of health center patients increased by nearly 3,000 patients. The percentage of uninsured patients decreased from 19.5% to 14.5%.³ As we would expect, the number of Medicaid patients seen at health centers increased from 2014 to 2015 by four percentage points and then decreased by nearly four percentage points in 2016.⁴ This is due to the structure of the NHHPP: the first year

¹ Health Resources and Services Administration, Uniform Data System, NH Rollup (2016), BSPCA Survey of Membership (2016).

² The most current data is from 2016 and captures calendar year 2015.

³ Health Resources and Services Administration, Uniform Data System, NH Rollup (2016).

⁴ *Id.*

the program enrollees were in Medicaid managed care (the Bridge Program) and the second year the enrollees were placed into Qualified Health Plans on the Marketplace (the PAP).

According to health center data, the number of patients who accessed mental health services increased by almost 2,300 patients.⁵ The number of patients who accessed substance use disorder treatment increased by over 200 patients.⁶ Nine of the FQHCs currently offer medication assisted treatment, and the remaining three FQHCs are in the process of establishing programs.⁷ In addition to receiving MAT services, patients receiving substance use disorder treatment at health centers also receive behavioral health services.

The percentage increase in patients' utilization of behavioral health services and medication assisted treatment varies by health center. For example, Manchester Community Health Center, which currently serves approximately 16,000 patients from cities including Hooksett, Londonderry, Auburn, and Candia, saw an increase in the number of patients utilizing behavioral health services of 13.4% since the beginning of the NHHPP.⁸ In addition, the number of uninsured patients seen at MCHC decreased by six percentage points.⁹ Manchester Health Care for the Homeless, an FQHC located within Catholic Medical Center, saw an increase of nearly 17% in the number of patients accessing substance use disorder treatment.¹⁰ The number of uninsured patients receiving services at MHCH declined from 63.2% to 23.4%.¹¹ Coos County Family Health Services, which serves Berlin, Gorham, and the surrounding areas, did not see a substantial increase in the number of patients served since the establishment of the NHHPP. However, the number of patients accessing behavioral health services increased from 1.1% to 3.9%.

The data presented above is only a glimpse at the positive impact the NHHPP and PAP have had on the patients and communities served by community health centers. However, the data is clear: the NHHPP and the PAP are necessary tools in NH's toolbox to address the opioid epidemic facing the Granite State. We welcome you to tour any health center, particularly one that serves your districts and surrounding towns, to speak to providers and patients about the benefit of the NHHPP and the PAP.

Please do not hesitate to contact me if you have any questions or would like more information.

Sincerely,



Kristine E. Stoddard, Esq.
Director of NH Public Policy
603-228-2830, ext. 113
kstoddard@bistatepca.org

⁵ *Id.*

⁶ *Id.*

⁷ BSPCA Survey of Membership (2017).

⁸ Health Resources and Services Administration, Uniform Data System, MCHC (2016).

⁹ *Id.*

¹⁰ Health Resources and Services Administration, Uniform Data System, MHCH (2016).

¹¹ *Id.*

BI-STATE PRIMARY CARE ASSOCIATION



SERVING VERMONT & NEW HAMPSHIRE

Improving Access to Primary Health Care for 30 Years

www.bistatepca.org

New Hampshire Primary Care Sourcebook 2017

Published by

Bi-State Primary Care Association



(603) 228-2830

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Table of Contents

Title	Page Number
About Bi-State Primary Care Association	1
2017 NH Public Policy Principles and Priorities	2
The Recruitment Center: A Service of Bi-State Primary Care Association	3
Introduction to CHCs	4
15 Bi-State Member CHCs and Clinics Provide Care to 1 in 12 People in NH	5
12 Bi-State Member FQHCs Provide Care to Over 86,000 Patients in NH	6
FQHCs Are Businesses That Show a Strong Return On Investment	7
FQHCs Reduce Hospital Admissions and Produce Medicaid Savings	8
FQHC Sliding Fee Scale	9
FQHC Funding and Reimbursement Structure Minimizes Cost Shifting	10
FQHC Federal Requirements	11
NH Bi-State Members and Clinical Sites	12-13
Membership Map	14
Member Profiles	15
Acknowledgements	16

About Bi-State Primary Care Association

Mission

Promote access to effective and affordable primary care and preventive services for all, with special emphasis on underserved populations in New Hampshire and Vermont

Vision

Healthy individuals and communities with quality health care for all

Established in 1986, Bi-State Primary Care Association, serving New Hampshire and Vermont, is a nonprofit 501(c)(3) charitable organization that promotes access to effective and affordable primary care and preventive services for all, with special emphasis on underserved populations in New Hampshire and Vermont.

Bi-State works with federal, state, and regional health policy organizations, foundations, and payers to develop strategies, policies, and programs that provide and support community-based primary health care services in medically underserved areas (MUAs).

Bi-State's Membership

Bi-State members include Federally Qualified Health Centers, community health centers, rural health clinics, private and hospital-supported primary care practices, community action programs, health care for the homeless, Area Health Education Centers, clinics for the uninsured, and social service agencies.

Bi-State's Recruitment Center

Bi-State's nonprofit Recruitment Center provides workforce assistance and candidate referrals to Federally Qualified Health Centers, rural health clinics, and private and hospital-sponsored physician practices throughout New Hampshire and Vermont. The Recruitment Center focuses on the recruitment and retention of primary care providers including physicians, dentists, nurse practitioners, and physician assistants.

Bi-State is a resource for employers and candidates regarding the eligibility requirements and availability of recruitment incentive programs such as state educational loan repayment, Conrad State 30, and National Health Service Corps programs.

Sourcebook Purpose Statement

The New Hampshire Primary Care Sourcebook was developed as a resource for current information about Community Health Centers, Federally Qualified Health Centers, and other primary care providers. The information, maps, and data demonstrate how Bi-State members increase access, manage costs, and improve the quality of primary care in New Hampshire. All information in this sourcebook is current as of the date of publication and will be updated annually.

2017 New Hampshire Public Policy Principles & Priorities

Public Policy Principles

Bi-State is committed to improving the health of New Hampshire residents. We work to ensure that all individuals have access to appropriate, high-quality, integrated primary and preventive health care regardless of insurance status or ability to pay. Integrated primary and preventive care includes behavioral health, substance use disorder treatment, and oral health services.

Proper access to primary and preventive care reduces the need for higher-cost interventions. Bi-State strives to educate policymakers, non-profit leaders, and the business community on the value provided by New Hampshire's community health centers. We accomplish our goals by partnering with the state, health care providers, and business stakeholders. Bi-State supports investments that promote public health through comprehensive primary and preventive care, lower prescription drug prices, and efficiencies in New Hampshire's health care system.

Public Policy Priorities

- Ensuring the New Hampshire Health Protection Program becomes a permanent source of health care coverage for the uninsured.
- Increasing state support for integrated primary and preventive care services for our underserved populations.
- Increasing the investment in health care workforce development and recruitment in underserved areas.
- Expanding the adult Medicaid dental benefit to include educational, preventive, and restorative services.

For more information, please contact Kristine Stoddard (603-228-2830 Ext. 113; kstoddard@bistatepca.org), Director of NH Public Policy or Kim Reeve (603-228-2830 Ext. 126; kreeve@bistatepca.org), Deputy Director of Policy and Information.

The Recruitment Center: A Service of Bi-State Primary Care Association

The Recruitment Center, a service of Bi-State Primary Care Association, is the only nonprofit organization in New Hampshire that conducts national marketing and outreach to primary care physicians, nurse practitioners, and physician assistants specifically to attract and recruit them to New Hampshire. Dedicated to recruiting primary care physicians to rural and underserved areas of the state where their services are most needed, the Recruitment Center screens practitioners to determine which communities and practices will best meet their personal and professional needs to support long-term retention.



Due to its familiarity with the health care business, culture, educational, and recreational environment in the state, the Recruitment Center is able to support the transition of newly-recruited practitioners and their families to New Hampshire. The Recruitment Center also provides technical assistance on programs that support recruitment such as the National Health Service Corps, which offers loan repayment for clinicians who agree to practice in federally-designated medically underserved areas.



The Recruitment Center regularly collaborates with organizations across New Hampshire to maximize resources and avoid duplication. The Recruitment Center's national marketing and outreach complements the pipeline and workforce development activities conducted by NH's Area Health Education Centers and the NH Dental Society. The Recruitment Center regularly engages with outside organizations, including: the NH Office of Rural Health and Primary Care, UNH Nurse Practitioner Program, NH Hospital Association, Northeast Delta Dental, NH Nurse Practitioner Association, and representatives from local colleges, hospitals, and Federally Qualified Health Centers.

For more information on the Recruitment Center, contact Stephanie Pagliuca, Director, at spagliuca@bistatepca.org. For assistance with provider recruitment, contact Mandi Gingras, Recruitment and Retention Coordinator, at mgingras@bistatepca.org.

Introduction to Community Health Centers (CHCs)

Community Health Centers (CHCs) are small non-profit businesses providing comprehensive, high-quality primary and preventive care to people in their communities regardless of insurance status. CHCs provide an array of integrated services, such as mental health, substance misuse, oral health, and pharmacy services, often at a single location. CHCs are designed to reduce barriers to care by providing integrated care and by using nonclinical services (sometimes called enabling services) such as health education, translation, transportation, and case management services.

Federally Qualified Health Centers (FOHCs) are CHCs that primarily serve medically underserved communities and vulnerable populations. To be designated as an FOHC, a center must 1.) serve a health professional shortage area, or medically underserved population, 2.) provide services without regard of insurance status, 3.) use a sliding-fee discount payment system tied to patient income, 4.) operate as a non-profit, and 5.) comply with US Department of Health and Human Services Health Resources and Services Administration's 19 program requirements.¹

Rural Health Clinics (RHCs) are CHCs that are intended to increase access to primary care services for Medicare and Medicaid patients in a designated rural area. Unlike FOHCs, RHCs are only required to provide outpatient primary care and basic laboratory services.²

Meet Bi-State Primary Care Association's Members

FOHCs:

Ammonoosuc Community Health Services
Charlestown Family Medicine (Springfield Medical Care Systems)
Coos County Family Health Services
Families First Health and Support Center
Goodwin Community Health
Harbor Homes
Health Care for the Homeless Program
Health First Family Care Center
Indian Stream Health Center
Lamprey Health Care
Manchester Community Health Center and Child Health Services at MCHC
Mid-State Health Center

CHCs:

Mascoma Community Health Center – Opening May 2017
Planned Parenthood of Northern New England
White Mountain Community Health Center

RHC:

Weeks Medical Center

Programs and Services:

Community Action Program (CAP)/Belknap-Merrimack Counties
Community Health Access Network (CHAN)
NH Area Health Education Center Program (NH AHEC)
North Country Health Consortium (NCHC)

¹Public Health Services Act 42 U.S.C. S254b, Section 330

²Rural Assistance Center, *Rural Health Clinics*. <http://www.raconline.org/topics/clinics/rhc.php>, accessed 1/26/2012. New Hampshire Rural Health Clinic List is based on CASPER Report dated 11/19/13.

15 Bi-State Member CHCs and Clinics Provide Care to 1 in 12 People in NH



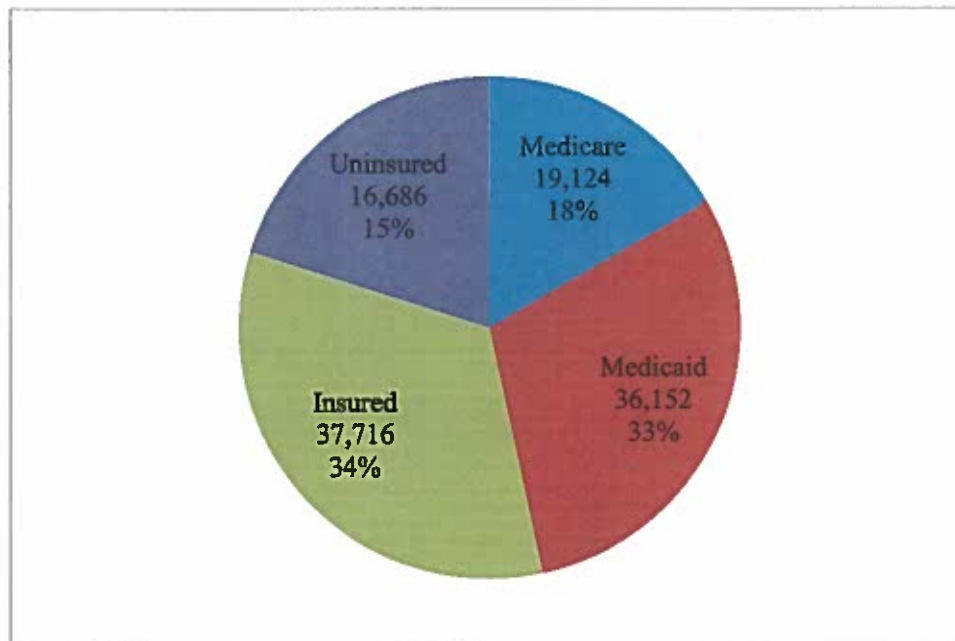
Bi-State New Hampshire Members Include:

- 12 FQHCs (29 clinical sites; including 2 mobile vans)
- 2 Non-FQHC CHCs
- 1 RHC (4 clinical sites)
- Planned Parenthood of Northern New England (5 clinical sites)

15 CHCs serve as a medical home for over 109,000 patients who made over 495,000 visits in 2015.¹
This includes:

22% or 1 in 5 of all NH Medicaid Enrollees
25% or 1 in 4 of all NH Uninsured²

Community Health Center Patients by Payer Type: Over 30% of Patients are Enrolled in Medicaid



¹2015 UDS data is self-reported by centers and is subject to change. Information in this document is based on best available data at the time of distribution.

²Statewide data from Kaiser Family Foundation: www.statehealthfacts.org.

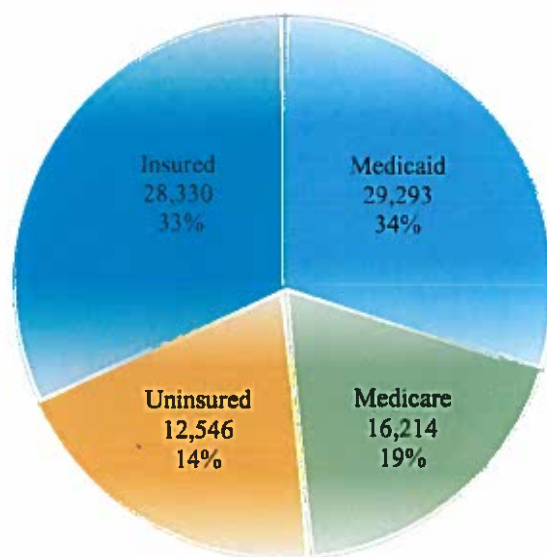
12 Bi-State Member FQHCs Provide Care to Over 86,000 Patients

Who made over 361,000 visits in 2015.¹

This includes:

1 in 5 of all NH Uninsured Patients
1 in 6 of all NH Medicaid Enrollees²

FQHC Patients by Payer Type



¹2015 UDS data is self-reported by centers and is subject to change. Information in this document is based on best available data at the time of distribution.

²Statewide data from Kaiser Family Foundation: www.statehealthfacts.org.



FQHCs Are Businesses That Show A Strong Return On Investment

New Hampshire's FQHCs employ clinical and administrative professionals, generate community-based jobs, and boost the local economy. FQHCs engage in capital and community development projects that promote economic revitalization.

Recent studies show that, on average, **each patient receiving care at a health center saved the health care system 24% annually.** With 86,866 patients served by community health centers in New Hampshire in 2014, **the estimated annual savings is \$109.7 million.**¹

As health centers expand, their expenditures and corresponding economic impact also grow.

In 2014, 12 Bi-State Member NH FQHCs Strengthened NH's Economy:²

- ❖ Contributing >\$69 million in operating expenditures directly into the local economy;
- ❖ Stimulating additional indirect and induced economic activity of >\$44 million;
- ❖ Generating an **overall economic impact of >\$ 114 million;**
- ❖ Supporting directly 711 full-time jobs; stimulating an additional 338 full-time jobs in other industries: totaling 1,049 Full Time Employees.

At the Local Level

"We are extremely fortunate to have been selected to receive this funding and build for the community's future. As we continue to realize an increase in demand for service, the new facility will increase access and bring new efficiencies to our provision of integrated healthcare to the **1 in 3 residents of the 26 towns we serve** who call us their "Patient-Centered Medical Home of Choice."

-Edward Shanshala II, MSHA, MEd, CEO
Ammonoosuc Community Health Services, Littleton, NH

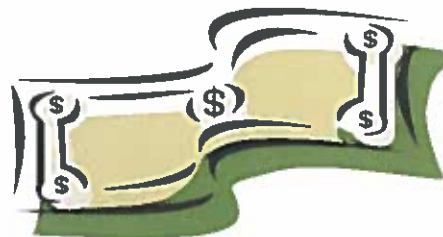
¹Prepared by Capital Link with MIG, Inc. Implan Software Pro version 3.0 with FY14 financial data and 2014 UDS Files from 12 FQHC member organizations in cooperation with Bi-State Primary Care Association.

²The IMPLAN analysis Version 3 applies the multiplier effect to capture direct, indirect, and induced effects of an organization's business operations. Direct and indirect effects represent purchasing by the industry. Induced effects represent the response by all local industries to expenditures of new household income generated by direct and indirect effects.

FQHCs Reduce Hospital Admissions and Produce Medicaid Savings

FQHCs Save Money

A comparison of costs for FQHC and non-FQHC patients demonstrates **FQHC savings of \$1,263 per person per year** in hospital emergency department, hospital inpatient, ambulatory, and other services (\$4,043 vs. \$5,306).¹



FQHCs Reduce Hospital Admissions

A Colorado study² compared claims data of Medicaid patients with two or more primary care visits in one year at FQHC and non-FQHC settings:



- The odds of a Medicaid FQHC patient being admitted to the hospital were 32% less likely than for a Medicaid non-FQHC patient
- The odds of an FQHC patient being readmitted 90 days after discharge were 35% less likely
- The odds of an FQHC patient being admitted for a primary care preventable condition were 36% less likely

FQHCs Produce Medicaid Savings

A study³ of Medicaid claims for 13 states including Vermont confirmed FQHCs produced the following savings:

- 22% fewer specialty care visits
- 33% lower spending on specialty care
- 25% fewer inpatient admissions
- 27% lower spending on inpatient care
- 24% lower total spending



¹Ku L, et al. Using Primary Care to Bend the Curve: Estimating the Impact of a Health Center Expansion in Senate Reforms. GWU Department of Health Policy. Policy Research Brief No. 14, September 2009

²Rothkopf, J, Brookler K, Wadhwa, S, Sajovetz, M. "Medicaid Patients Seen At Federally Qualified Health Centers Use Hospital Services Less than Those Seen By Private Providers." Health Affairs 30, No. 7 (2011): 1335-1342

³Nocon, R, Lee, S., Sharma, R., Ngo-Metzger, Q., Mukamel, D., Gao, Y., White, L., Shi, L., Chin, M., Laiterapong, N., Huang, E. (2016) Health Care Use and Spending for Medicaid Enrollees in Federally Qualified Health Centers versus Other Primary Care Settings. *American Journal of Public Health*: 106 (11)

What is the FQHC Sliding Fee Scale?¹

FQHCs must provide the patients in their service area access to services regardless of their ability to pay.

FQHCs must develop a schedule of fees or payments, or sliding fee scale, for the services they provide to ensure that the cost for services not covered by insurance are discounted on the basis of the patient's ability to pay, for incomes below 200% of the Federal Poverty Level (FPL). Ability to pay is determined by a patient's annual income and family size according to the most recent U.S. Department of Health & Human Services Federal Poverty Guidelines.

To ensure that federal funding targets those who most need services, FQHCs are expected to have systems in place to maximize collection and reimbursement for the costs of providing health services.

NH FQHCs discounted approximately \$5.1 million in 2015.²

SAMPLE New Hampshire FQHC Sliding Fee Scale						
Annual Family Income Range						
Household Size	Below 100% FPL	101 – 125% FPL	126 – 150% FPL	151 – 175% FPL	176 – 200% FPL	Over 200% FPL
Discount Applied	\$20 flat fee	80% discount	60% discount	40% discount	20% discount	10% discount
1	Under \$10,830	\$10,831 – 13,537	\$13,538 – 16,245	\$16,246 – 18,952	\$18,953 – 21,659	\$21,660 – 24,366
2	Under \$14,570	\$14,571 – 18,212	\$18,213 – 21,855	\$21,856 – 25,497	\$25,498 – 29,139	\$29,140 – 32,781
3	Under \$18,310	\$18,311 – 22,887	\$22,888 – 27,465	\$27,466 – 32,042	\$32,043 – 36,619	\$36,620 – 41,196
4	Under \$22,050	\$22,051 – 27,562	\$27,563 – 33,076	\$33,077 – 38,587	\$38,588 – 44,098	\$44,099 – 49,609
5	Under \$25,790	\$25,791 – 32,237	\$32,238 – 38,685	\$38,686 – 45,132	\$45,133 – 51,579	\$51,580 – 58,026
6	Under \$29,530	\$29,531 – 36,912	\$36,913 – 44,295	\$44,296 – 51,677	\$51,678 – 59,059	\$59,060 – 66,441
7	Under \$33,270	\$33,271 – 41,587	\$41,588 – 49,905	\$49,906 – 58,222	\$58,223 – 66,539	\$66,540 – 74,856
8	Under \$37,010	\$37,011 – 46,263	\$46,264 – 55,515	\$55,516 – 64,767	\$64,768 – 74,020	\$74,021 – 83,272
Additional people	Add \$3,740 per person	Add \$4,675 per person	Add \$5,610 per person	Add \$6,545 per person	Add \$7,480 per person	Add \$8,415 per person

Each FQHC's sliding fee scale is different and the "slide" must be based on prevailing rates in the local community and approved by the FQHC board. Information that this discount is available should be posted in a prominent location.

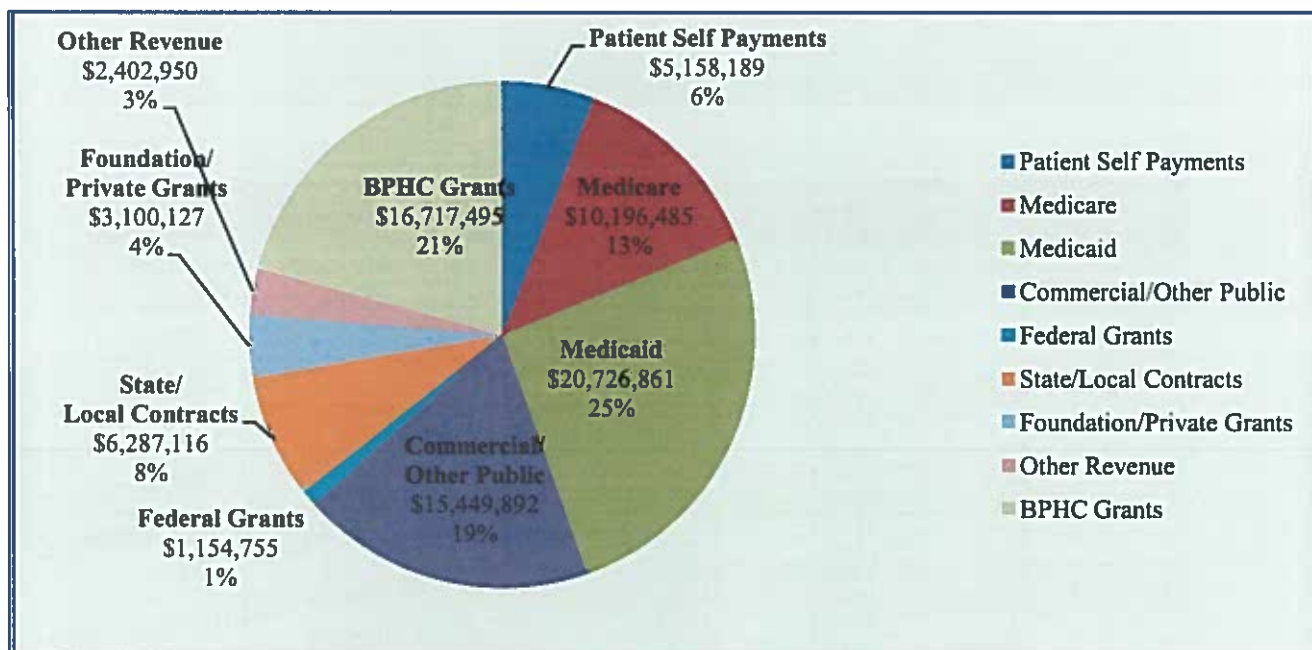
¹ Sliding Fee Scale. Health Resources and Services Administration, <http://bphc.hrsa.gov/technicalassistance/tarresources/slidingcalc.html>, accessed 1/26/2012

² 2015 UDS data is self-reported by centers and is subject to change. Information in this document is based on best available data at the time of distribution.

FQHC Funding and Reimbursement Structure Minimizes Cost Shifting

- Federal grants for FQHCs are awarded based upon a very competitive national application process.
- When FQHCs are awarded Federal funds, they must meet strict program, performance, and accountability standards (see page 12).
- Federal FQHC appropriations are not transferable to any other entity.
- Medicaid FQHC reimbursement can be described as a prospective, all inclusive encounter rate for primary care office visits. Other ambulatory visits are reimbursed based upon the Medicaid fee schedule.
- FQHCs bill commercial insurers just like any other primary care practice.
- No payer – Medicaid, Medicare, or commercial insurance—reimburses FQHCs for their full costs.

2015 Revenue Sources for New Hampshire FQHCs¹



¹2015 UDS data is self-reported by centers and is subject to change. Information in this document is based on best available data at the time of distribution.

FQHC Federal Requirements

FQHCs are health care practices that have a mission to provide high quality, comprehensive primary care and preventive services regardless of their patients' ability to pay or insurance coverage. FQHCs must successfully compete in a national competition for FQHC designation and funding. Additionally, they must be located in federally-designated medically underserved areas and/or serve federally-designated medically underserved populations.

Per Federal Requirements, FQHCs must:

1. Demonstrate and document the needs of their target populations, updating their service areas, when appropriate.
2. Provide all required primary, preventive, enabling health services and additional health services as appropriate and necessary, either directly or through established written arrangements and referrals.
3. Maintain a core staff as necessary to carry out all required primary, preventive, enabling, and additional health services as appropriate and necessary, either directly or through established arrangements and referrals. Staff must be appropriately credentialed and licensed.
4. Provide services at times and locations that assure accessibility and meet the needs of the population to be served.
5. Provide professional coverage during hours when the health center is closed.
6. Ensure their physicians have admitting privileges at one or more referral hospitals, or other such arrangement to ensure continuity of care. In cases where hospital arrangements (including admitting privileges and membership) are not possible, health centers must firmly establish arrangements for hospitalization, discharge planning, and patient tracking.
7. Have a system in place to determine eligibility for patient discounts adjusted on the basis of the patient's ability to pay.
8. Have an ongoing Quality Improvement/Quality Assurance (QI/QA) program that includes clinical services and management, and maintains the confidentiality of patient records.
9. Maintain a fully staffed management team as appropriate for the size and needs of the center.
10. Exercise appropriate oversight and authority over all contracted services, including assuring that any sub-recipient(s) meets *Health Center Program Requirements*.
11. Make efforts to establish and maintain collaborative relationships with other health care providers, including other health centers in the service area of the health center.
12. Maintain accounting and internal control systems appropriate to the size and complexity of the organization to safeguard assets and maintain financial stability.
13. Have systems in place to maximize collections and reimbursement for costs in providing health services, including written billing, credit, and collection policies and procedures.
14. Develop annual budgets that reflect the cost of operations, expenses, and revenues (including the federal grant) necessary to accomplish the service delivery plans.
15. Have systems which accurately collect and organize data for program reporting and which support management decision-making.
16. Maintain their funded scope of project (sites, services, service area, target population, and providers).
17. Ensure governing boards maintain appropriate authority to oversee operations.
18. Ensure a majority of board members for each health center are patients of the health center. The board, as a whole, must represent the individuals being served by the health center in terms of demographic factors such as race, ethnicity, and sex.
19. Ensure bylaws and/or policies are in place that prohibit conflict of interest by board members, employees, consultants, and those who furnish goods or services to the health center.

Summary of Health Center Program Requirements. (July 2011). Bureau of Primary Health Care, Health Resources and Services Administration.
<http://bphc.hrsa.gov/about/requirements/hcpregs.pdf>

NH Bi-State Primary Care Association Members and Clinical Sites

Ammonoosuc Community Health Services, Inc.

*Franconia, Littleton, Warren, Whitefield,
Woodsville - Grafton, Coos Counties*

Edward Shanshala, Executive Director/CEO

25 Mt. Eustis Road, Littleton, NH 03561

Phone: (603) 444-2464; Fax: (603) 444-3441

ed.shanshala@achs-inc.org

Charlestown Family Medicine (Springfield Medical Care Systems)

Charlestown - Sullivan County

Timothy Ford, CEO

125 Main Street, Charlestown, NH 03603

Phone: (603) 826-5711; Fax: (802) 885-3014

tford@springfieldmed.org

Community Action Program (CAP) /Belknap-Merrimack Counties

Concord - Merrimack County

Susan Wnuk, Program Director

P.O. Box 1016, 2 Industrial Park Drive

Concord, NH 03302-1016

Phone: (603) 225-3295; Fax: (603) 228-1898

swnuk@bm-cap.org

Community Health Access Network (CHAN)

Newmarket - Rockingham County

Kirsten Platte, Executive Director

207A South Main Street, Newmarket, NH 03857

Phone: (603) 292-1117; Fax: (603) 292-1036

kplatte@chan-nh.org

Coos County Family Health Services

Berlin, Gorham - Coos County

Ken Gordon, Chief Executive Officer

54 Willow Street, Berlin, NH 03570

Phone: (603) 752-2040, (603) 752-3669

kgordon@ccfhs.org

Families First Health and Support Center

Portsmouth Main, Portsmouth Crossroads

Homeless Shelter, Mobile Medical Vans -

Rockingham County

Helen Taft, Executive Director

100 Campus Drive, Suite 12,

Portsmouth, NH 03801

Phone: (603) 422-8208; Fax: (603) 422-8218

htaft@FamiliesFirstSeacoast.org

Goodwin Community Health

Somersworth - Strafford County

Janet Laatsch, Chief Executive Officer

311 Route 108, Somersworth, NH 03878

Phone: (603) 749-2346

jlaatsch@goodwinch.org

Harbor Care Health and Wellness Center,

A Program of Harbor Homes

Nashua - Hillsborough County

Peter Kelleher, Executive Director

45 High Street, Nashua, NH 03060

Phone: (603) 821-7788; Fax: (603) 821-5620

p.kelleher@harborhomes.org;

pkelleher@nhpartnership.org

Health Care for the Homeless Program

Manchester New Horizons for NH Clinic,

Manchester Families in Transition Clinic -

Hillsborough County

Marianne Savarese, Project Coordinator

199 Manchester Street

Manchester, NH 03103

Phone: (603) 663-8716, (603) 663-8718

msavarese@cmc-nh.org

HealthFirst Family Care Center

Franklin, Laconia - Merrimack, Belknap Counties

Richard D. Silverberg, Executive Director

841 Central St, Ste 101, Franklin, NH 03235

Phone: (603) 934-1464, (603) 366-1070

rsilverberg@healthfirstfamily.org

Indian Stream Health Center

Colebrook - Coos County

Jonathan W. Brown, Chief Executive Officer
141 Corliss Lane, Colebrook, NH 03576
Phone: (603) 237-8336; Fax: (603) 237-4467
jbrown@indianstream.org

Lamprey Health Care

Nashua, Newmarket, Raymond -

Hillsborough, Rockingham Counties

Greg White, Chief Executive Officer
207 South Main Street, Newmarket, NH 03857
Phone: (603) 659-3106; Fax: (603) 659-8003
gwhite@lampreyhealth.org

**Manchester Community Health Center and
Child Health Services at MCHC**

Manchester - Hillsborough County

Kris McCracken, President/CEO
145 Hollis Street, Manchester, NH 03101
Phone: (603) 626-9500, (603) 668-6629
kmccracken@mchc-nh.org

Mascoma Community Health Center

Canaan - Grafton County

Scott Berry, Project Manager
18 Roberts Rd, Canaan, NH 03741
Phone: (603) 523-4343
Saberry54@gmail.com

Mid-State Health Center

Plymouth, Bristol - Grafton County

Sharon Beaty, Chief Executive Officer
101 Boulder Point Drive, Plymouth, NH 03264
Phone: (603) 536-4000; Fax: (603) 536-4001
sbeaty@midstatehealth.org

NH Area Health Education Center Program

Lebanon - Grafton County

Kristina Fjeld-Sparks, Director
30 Lafayette Street, Lebanon, NH 03766
Phone: (603) 653-3278, (603) 650-5000
Kristina.E.Fjeld-Sparks@Dartmouth.edu

North Country Health Consortium/AHEC

Littleton - Grafton County

Nancy Frank, Executive Director
262 Cottage St, Ste 230, #8226
Littleton, NH 03561
Phone: (603) 259-3700; Fax: (603) 444-0945
nfrank@nchcnh.org

Planned Parenthood of Northern New England

*Claremont, Derry, Exeter, Keene, Manchester -
Sullivan, Rockingham, Cheshire, Hillsborough*

Meagan Gallagher, Chief Executive Officer
128 Lakeside Ave, Ste 301, Burlington, VT 05401
Phone (800) 230-7526, (802) 879-4800
meagan.gallagher@ppnne.org

Weeks Medical Center

*Groveton, Lancaster, North Stratford, Whitefield -
Coos County*

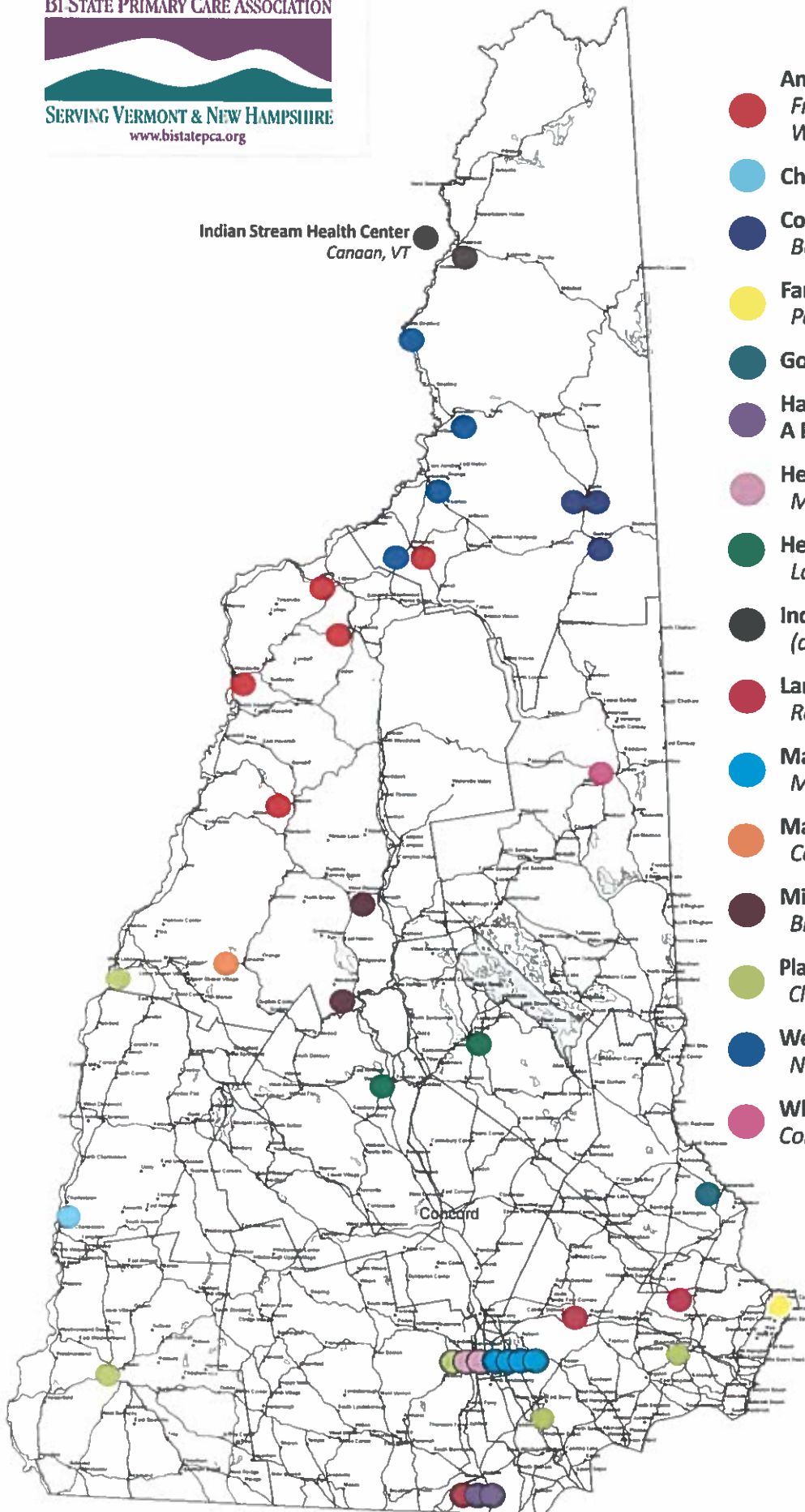
Michael Lee, President
173 Middle Street, Lancaster, NH 03584
Phone: (603) 788-5030; Fax: (603) 788-5027
Michael.Lee@weeksmedical.org

White Mountain Community Health Center

Conway - Carroll County

Patricia McMurry, Executive Director -
retiring in 2017
298 Route 16, Conway, NH 03818
PO Box 2800, Conway, NH 03818
Phone: (603) 447-8900; Fax: (603) 447-4846
pmcmurry@whitemountainhealth.org

New Hampshire Community Health Centers



Ammonoosuc Community Health Services
Franconia, Littleton, Warren, Whitefield, Woodsville

Charlestown Family Medicine *Charlestown*

Coos County Family Health Services
Berlin (2), Gorham

Families First Health and Support Center
Portsmouth

Goodwin Community Health *Somersworth*

Harbor Care Health and Wellness Center,
A Program of Harbor Homes, Inc. *Nashua*

Health Care for the Homeless Program
Manchester (2)

HealthFirst Family Care Center *Franklin, Laconia*

Indian Stream Health Center *Colebrook (and Canaan, VT)*

Lamprey Health Care *Nashua, Newmarket, Raymond*

Manchester Community Health Center
Manchester (4)

Mascoma Community Health Center
Canaan

Mid-State Health Center
Bristol, Plymouth

Planned Parenthood of Northern New England
Claremont, Derry, Exeter, Keene, Manchester

Weeks Medical Center *Groveton, Lancaster, North Stratford, Whitefield*

White Mountain Community Health Center
Conway

Member Programs and Services

*Community Action Program/
 Belknap-Merrimack Counties*

Community Health Access Network

NH Area Health Education Center

North Country Health Consortium

www.findahealthcenter.org

CHCs and FQHCs Ensure Access to Health Care in Their Communities

	Bi-State: Quick Facts	
Data Point	NH FQHCs	NH CHCs
# of Members	11 (w/ Springfield Medical Care Systems (SMCS) NH Site: 12)	14 (w/ SMCS NH Site: 15; excludes Mascoma until site opens in spring 2017)
# of Primary Care Sites	29 (2 are mobile vans; w/ SMCS NH site)	40 (w/ SMCS NH Site)
# of Counties Represented	8 of 10 counties (not Carroll or Cheshire)	10 of 10 counties
# of Medicaid Patients Served in NH	34% of patient population served; 29,293/165,300 (18% or 1 in 6 of All NH Medicaid Enrollees)	33% of patient population served; 36,152/165,300 (22% or 1 in 5 of All NH Medicaid Enrollees)
# of Medicare Patients Served in NH	19% of patient population served; 16,214/184,500 (9% or 1 in 11 of All NH Medicare Enrollees)	17% of patient population served; 19,124/184,500 (10 % or 1 in 10 of All NH Medicare Enrollees)
# of Uninsured Patients Served in NH	15% of patient population served; 12,546/68,100 (18% or 1 in 5 of All NH Uninsured Patients)	15% of patient population served; 16,686/68,100 (25% or 1 in 4 of All NH Uninsured Patients)
# of Commercially Insured Patients in NH	33% of patient population served; 28,330/859,800 (3% or 1 in 30 of All NH Commercial Insured)	34% of patient population served; 37,716/859,800 (4% or 1 in 23 of All NH Commercial Insured)
# of ALL Patients Served in NH	86,383; 86,383/1,292,800 (7% or 1 in 15 of All NH Residents)	109,678; 109,678/1,292,800 (8% or 1 in 12 of All NH Residents)
CHCs w/ Electronic Health Records (EHR)	11 of 11 w/ 3 different vendors (w/SMCS: 12 w/ 4 vendors)	14 of 14 w/ 5 different vendors (w/ SMCS: 15 w/ 6 vendors - Allscripts, Eclinical Works, e-MDs, GE Centricity, Next Gen, SuccessEHS)
CHCs recognized as Patient Centered Medical Homes by National Committee for Quality Assurance (NCQA)	12 of 12 (w/ SMCS Charlestown site; all level 3 except Ammonoosuc (Level 2), Health Care for the Homeless (Level 2), and Mid-State (Plymouth-Level 2)	
W/ 340B on site or through contract	11 of 12 (not Families First)	

Sources:

2015 UDS data is self-reported by centers and is subject to change. Information in this document is based on best available data at the time of distribution.
Stateside data from Kaiser Family Foundation: statehealthfacts.org
NH CHC data is based on combination of 2015 verified UDS data for FQHCs and self-reported for all NH CHC data.



Profiles for New Hampshire's Member FQHCs, CHCs, Programs and Services



Ammonoosuc Community Health Services, Inc.
Your Community Health Partner for Life

Edward D Shanshala II, MSHSA, MEd
Executive Director / CEO
(603) 444-2464 • www.achs-inc.org

25 Mt. Eustis Road, Littleton, NH 03561
333 Route 25, Main Street, Warren, NH
79 Swiftwater Road, Woodsville, NH
14 King Square, Whitefield, NH
155 Main Street, Franconia, NH

ABOUT OUR CLIENTS

Where They Live: Ammonoosuc Community Health Services (ACHS) patients come from 24 communities in Grafton and Coos Counties, as well as neighboring towns in Vermont, a service area of 35,155.

Socioeconomic status: 96% of our patients had household incomes at or below 200% of the federal poverty level (i.e. \$39,580 for a family of 3 in 2014).

Insurance Status (2015):

- 10% were uninsured
- 16% were covered by Medicaid
- 27% were covered by Medicare
- 47% were covered by private insurance

NUMBERS OF CHILDREN AND ADULTS SERVED (2015)

Total Patients: 9,862
Total Visits: 39,744

HIGHLIGHTS IN ACHS HISTORY

1975: Established to provide family planning, WIC, prenatal and child health care in northern New Hampshire

1995: Designated as a Federally Qualified Health Center providing comprehensive primary care services

1998: Received initial JCAHO accreditation (recertified in 2001)

2002: Added fifth health center site in Franconia, NH

2007: Woodsville Expanded Medical Capacity grant and implementation

2015: Added Dental and Oral Health Center in Littleton, NH

FINANCIAL INFORMATION

Agency Budget (2017): \$12,353,794

Number of Full-Time Employees (2016): 101

Annual Savings to health care system (2014): \$12.3 million dollars
(\$1,263 saved per patient)

A GROWING DEMAND FOR SERVICES (2011-2015)

- 15% increase in patients served
- 17% increase in Medicaid patients
- 24% increase in patient visits
- 62% increase in Medicare patients

Sources:

2015 UDS data is self-reported by centers and is subject to change;
Capital Link Report is created with FY14 financial statement and 2014 UDS report;
Ammonoosuc Community Health Services internal documents;
2014 FPL Guidelines: <https://aspe.hhs.gov/2014-poverty-guidelines>

SERVICES OFFERED

Integrated Primary Medical Care
For men, women and children of all ages, regardless of insurance status

Prenatal Care
Childbirth education
Newborn care

Women's Health
Birth control
STD checks
Pap/Pelvic exams
Long-term contraceptives

Behavioral Health
Counseling
Drug and alcohol treatment
Medication assisted treatment for substance misuse

Dental and Oral Care
Diagnostic
Preventive
Restorative
Prosthetics
Simple Extractions

Health and Nutritional Education, Promotion and Counseling
Chronic Disease Management

Prescription Drug Program
Offering free and reduced-cost prescription drugs

Cancer Screening
Hospice and Palliative Care
Medical Legal Partnership
Patient Navigation
Vision
Clinical Pharmacy Services

Support Programs
Breast and cervical cancer screening: free screenings for women 18-64 without insurance or below 250% of federal poverty level

Text 4 baby: free educational program of the National Healthy Mothers, Healthy Babies Coalition
HIV/STD counseling and testing



Community Health Access Network
207A South Main Street
Newmarket, NH 03857-1843
603-292-1117 www.chan-nh.org

ABOUT US

CHAN is the only Health Center Controlled Network (HCCN) in NH. CHAN has developed and supports an integrated clinical and administrative system infrastructure that affords innovative opportunities for its Federally Qualified Health Centers (FQHC) members which includes 3 Healthcare for the Homeless programs. CHAN's endeavors, particularly in the Health Information Technology arena, enable the provision of enriched patient experiences and quality care.

OUR MEMBERS

- Goodwin Community Health
- Families First of the Greater Seacoast
- Health First Family Care Center
- Lamprey Health Care, Inc.
- Manchester Community Health Center
- Harbor Care Health and Wellness Center
- Health Care for the Homeless Mobile Community Health Team
- Shackelford County Community Resource Center, dba Resource Care (TX)
- Affiliate members include Ammonoosuc Community Health Services, Coos County Family Health Services, and The Health Center (VT).

HIGHLIGHTS IN CHAN HISTORY

- In 1995, five community health care centers with a collective history of over 75 years of experience in providing primary care services to the uninsured, underinsured and Medicaid populations formed an Integrated Services Network (ISN), called CHAN.
- In 1996, a NH Health Care Transition Fund Grant helped to expand the HCCN and develop shared services.
- In 1997, two additional community healthcare centers joined the network, and CHAN was awarded a Bureau of Primary Health Care grant.
- In 2008, CHAN was awarded the HIMSS Nicholas E. Davies award for improving healthcare through the use of HIT.

SERVICES OFFERED

Electronic Health Record

Electronic health record system that enables clinicians and staff to document patient visits, streamline clinical workflow and securely exchange data

Practice Management

Centricity Practice management billing system provides all the tools needed to manage the specific needs of practices and boost efficiency

Clinical Standards

Supporting clinical operations and providing support for chronic disease management for such diseases as diabetes and asthma

IT Services

Services such as systems maintenance, upgrades, disaster recovery, electronic reports and forms development

Performance Improvement

Monitoring and improvement activities for clinical operations; coding compliance resources, training and audits



ABOUT OUR CLIENTS

- **Where They Live:** Patients come from over 13 communities of Coos County, and neighboring towns in Maine, which are federally-designated Medically Underserved Population (MUP) areas, and both Medical and Dental Health Professional Shortage Areas (HPSAs).
- **Socioeconomic Status:** 68% of Coos County Family Health Services (CCFHS) patients had household incomes below 200% of the federal poverty level (i.e. \$39,580 for a family of 3 in 2014).
- **Insurance Status (2015):**
 - 5% were uninsured
 - 20% were covered by Medicaid
 - 29% were covered by Medicare
 - 45% were covered by private insurance

NUMBERS OF CHILDREN AND ADULTS SERVED (2015)

- **Total Patients:** 12,005
- **Total Visits:** 48,377

HIGHLIGHTS IN CCFHS HISTORY

- 1974:** Started as a Title X Family Planning Agency
- 1980:** Merged with Family Health Programs to provide prenatal and infant care and added WIC and RESPONSE
- 1993:** Designated as a Federally Qualified Health Center (FQHC) providing comprehensive primary care services
- 2004:** Expanded to an additional site in Berlin and one in Gorham, adding an additional 10,000 patients

FINANCIAL INFORMATION

- **Agency Budget (2015):** \$11,160,627
- **Employees:** 125
- **Annual Savings to health care system (2014):** \$15.2 million dollars (\$1,263 saved per person)

A GROWING DEMAND FOR SERVICES (2011-2015)

- .5% increase in patient visits
- 8% increase in Medicare patients
- 38% increase in Medicaid patients

Sources:

2015 UDS data is self-reported by centers and is subject to change;

Capital Link Report is created with FY14 financial statement and 2014 UDS report;

Coos County Family Health Services internal documents

2014 FPL Guidelines: <https://aspe.hhs.gov/2014-poverty-guidelines>

SERVICES OFFERED

Primary Medical Care

For men, women and children of all ages, regardless of insurance status

Prenatal Care

With deliveries at Androscoggin Hospital

Family Planning

Reproductive health services;
Free breast and cervical screenings for uninsured and income-eligible women;
HIV testing & counseling

Chronic Disease Management

Education on managing chronic diseases such as diabetes, asthma and HIV

RESPONSE

Advocacy and counseling program for survivors of domestic violence and sexual assault, shelter for battered women and their children, and transitional housing

Free and Reduced-Cost

Prescription Drugs

Obtained nearly \$3M in pharmacy assistance for patients

Women, Infant and Children (WIC)

Nutrition/Health Services

Health Promotion and Education

To schools and community organizations

Nutrition Counseling Services

On-site Laboratory Services

Medical Social Work

Help with care coordination for services addressing housing, transportation, respite, and other services

Oral Health Program

Providing cleanings and sealants to area children in pre-school and primary-school settings;
Established a dental clinic in October, 2016 that provides basic dentistry services to children and adults

Podiatry

Behavioral Health

Counseling
Medication Management

Telehealth

Pediatric neurology consultants

Families First

support for families...health care for all

Helen B. Taft, Executive Director
Families First Health & Support Center
100 Campus Drive, Portsmouth, NH
FamiliesFirstSeacoast.org • 422-8208

PEOPLE SERVED (2016)

All Families First Services: 6,600

- **All Health Services:** 5,171 patients | 25,828 visits
 - Medical Services 4,450 patients
 - Dental Services 2,078 patients
 - Mental Health Services 424 patients
 - Substance Abuse Services 179 patients
 - Case Management Services 1,166 patients
 - Mobile Health: 549 medical patients; 500 dental patients
- **All Family Services:** 1,823 participants
 - Parenting and Family Groups, Child Care: 1,448
 - Home Visiting: 477

HEALTH CENTER PATIENT DEMOGRAPHICS (2016)

- **Where They Live:** Portsmouth: 32% ... Hampton & Seabrook: 17% ... Other Rockingham County: 25% ... Strafford Cty: 18% ... Maine: 8%
- **Socioeconomic Status:** Approximately 93% of patients had household incomes under 200% of the federal poverty level (i.e. \$40,320 for a family of 3 in 2016), and 25% were homeless.
- **Insurance Status:**
 - 45% covered by Medicaid
 - 21% uninsured (utilized our sliding fee scale)
 - 19% covered by private insurance
 - 15% covered by Medicare

TRENDS, 2011 to 2016

- 12% increase in patients served; 20% increase in patient visits
- Number of patients with insurance coverage more than doubled (includes 61% increase in Medicaid patients, 162% increase in privately insured, and 258% increase in Medicare patients)

FINANCIAL INFORMATION (FY 2016, ended 6/30/16)

- **Agency Operating Budget:** \$5,367,571
- **Employees:** 88
- **Expenditures supporting direct client services:** 85%
- **Community Benefit:** \$4 million (defined as unreimbursed expenses for charity care and other community benefits)

GROWING TO MEET COMMUNITY NEEDS

1984: Agency is founded as Portsmouth Prenatal Clinic

1992: Family support services added

1997: Primary care added

2002: Mobile health care for homeless added

2003: Families First Dental Center opens

2008: Behavioral health services added

2010: Mobile dental care added

2011 (to present): Patient-Centered Medical Home recognition

2016: Medication-assisted treatment for substance abuse added



Data is from UDS summary reports (2016 and 2011), FY2016 Community Benefits Plan, FY2016 financial audit, and Families First internal documents.

SERVICES PROVIDED

General Medical (Primary) Care

For men, women and children, regardless of insurance status

Prenatal Care

Mobile Health Care

A van-based program that brings medical, dental and behavioral health services into the community

Dental Care

On-site, in schools, and at mobile health care sites

Behavioral Health Services

- Behavioral health and substance-abuse counseling
- Psychiatric services
- Medication-Assisted Treatment for substance misuse

Supportive Health Services

- Education on coping with chronic illnesses such as diabetes and asthma
- Nutrition counseling
- Help applying for Medicaid and Marketplace health insurance
- Child-development screenings
- On-site lab services
- Free breast and cervical cancer screenings for eligible women
- Transportation, translation and child care for appointments
- Prescription assistance

Care Coordination

Assessment of needs and connection with benefits and resources to meet those needs; assistance removing barriers to accessing services.

Parenting Classes & Family Groups

Classes cover child behavior and development, anger management, positive parenting skills and more. Free child care included. Family programs include an evening program for at-risk families, and parent-child playgroups

Home Visiting

Individualized support, education, advocacy and referrals for families under stress, including families with a chronically ill child



Providing exceptional health care that is accessible to all people in the community

311 Route 108, Somersworth, NH 03878
(603) 749-2346 www.GoodwinCH.org

ABOUT OUR CLIENTS (CY 2016)

Where They Live: From Ossipee, NH to Amesbury, MA and into southwestern Maine. Dental is focused on Strafford County.

Socioeconomic Status: Approximately 80% of Goodwin patients are at 200% of the Federal Poverty Level or below (\$40,320 or less for a family of 3, 2016 FPL) and 11% are listed as unknown income.

Insurance Status:

- 19% were uninsured
- 41% were covered by Medicaid
- 10% were covered by Medicare
- 29% were covered by private insurance

NUMBERS OF CHILDREN AND ADULTS SERVED (CY 2016)

Total Patients: 9,896

Total Visits: 43,630

HIGHLIGHTS IN GOODWIN HISTORY

- 1971:** Began as a family planning clinic, locally known as The Clinic, and incorporated as a 501(c)(3)
- 1995:** Established as a primary care center offering primary, preventive and support services
- 1998:** Designated as a Federally Qualified Look-Alike Health Center
- 2004:** Designated as a Federally Qualified Health Center and opened dental and behavioral health programs
- 2011:** Consolidated multiple locations into one location in Somersworth, NH
- 2015:** Introduced Medication Assisted Therapy and Intensive Outpatient Program for substance misuse
- 2016:** Opened peer-based recovery centers in Durham and Rochester

FINANCIAL INFORMATION (FY 2016)

Agency Operating Budget: \$10,444,893

Employees: 147 (99.27 FTEs)



Recognized by the National Committee on Quality Assurance as a Level 3 Patient-Centered Medical Home (the highest level) since 2011.

SERVICES OFFERED

Primary, Medical and Behavioral Health Care

For men, women and children of all ages regardless of insurance status

Dental Services

Full range of preventive dental services on-site and in schools

Prenatal Care

For teens and low-income women
On-staff OB/GYN
Delivered 274 babies (2016)

Women's Health Care

Including breast and cervical cancer screening and treatment

Free and Reduced Cost

Prescription Drugs

Provided 6,236 prescriptions totaling \$13,187,471 in free medications (since 2000)

In House Pharmacy and 340b Program

In house pharmacy with a 340b program on-site and at several local pharmacies

Family Planning and Counseling

Full range of services including pregnancy prevention seminars for teens at after-school programs

Behavioral Health Services

Evaluation, referrals, counseling and medication management

Supplemental Programs

Women, Infants & Children (WIC) and
Commodities Supplemental Food Program (CSFP)

Outreach and Case Management

Application assistance for Exchange Insurance and Medicaid and discount drug card

Supportive Health Services

Health education
Nutrition counseling
Chronic disease management
Parenting classes
STD/HIV Clinics
On-site lab services at NorDx
Transportation for appointments
Translation services



Peter Kelleher, Executive Director
45 High Street, Nashua, NH 03060
(603) 882-3616
www.harborhomes.org

ABOUT OUR CLIENTS

- **Where They Live:** Greater Nashua and Southern NH regions including Nashua, Amherst, Brookline, Hollis, Hudson, Litchfield, Merrimack, Milford, Mont Vernon, Mason, Manchester and Wilton
- **Socioeconomic Status:** 85% of families are at or below 100% of the federal poverty level (FPL), and 98% are at or below 200% FPL (i.e. \$39,580 for a family of 3 in 2014).
- **Insurance Status (2016):**
 - 16% uninsured
 - 20% covered by Medicare
 - 28% covered by private insurance
 - 36% covered by Medicaid

NUMBERS OF CHILDREN & ADULTS SERVED (2016)

- Medical care users: 2,673
- Medical care visits: 15,662

FINANCIAL INFORMATION

Full-Time Employees (2014): 21
Annual Savings to health care system (2014): \$2.5 million
(\$1,263 saved per patient)

A GROWING DEMAND FOR SERVICES

2011-2015:

327% increase in patient encounters
415% increase in patients served
10,650% increase in insured patients

2012-2016:

922% increase in Medicaid patients
988% increase in Medicare patients

SERVICES OFFERED

Primary Medical Care

For men, women and children of all ages regardless of insurance status

Dental services

Oral health care such as cleanings, fillings and extractions

Chronic Disease Management

Mobile Health Van

Available in several locations throughout the state

Behavioral Health Care

Mental health counseling and substance misuse treatment

Partial Hospitalization Program

For Co-Occurring Disorders

Women's Health Care

Transportation

Smoking Cessation program

Medical Respite

Case management services

Rehabilitation care

Sources:

2015 UDS data is self-reported by centers and is subject to change;
Capital Link Report is created with FY14 financial statement and 2014 UDS report;
Harbor Homes internal documents;
2014 FPL Guidelines: <https://aspe.hhs.gov/2014-poverty-guidelines>

HEALTH CARE FOR THE HOMELESS

aka. Mobile Community Health
Team @ CMC

195 McGregor Street, Manchester, NH 03102
(603) 663-8716

ABOUT OUR CLIENTS

- **Who They Are:** Men, women, children, teens, veterans, families and working poor residents of the greater Manchester, New Hampshire area
- **Where They Live:** Our clients are individuals and entire families who do not have a regular (nor adequate) place to sleep or call home. Many who are homeless, such as battered women and runaway/throwaway youth, are in precarious situations fleeing domestic violence unable to return to their homes. Others live in transitional housing, temporary shelters, or "couch surf" doubled up for the night with other families, friends /acquaintances. Some sleep in places not intended or designed for human habitation, such as cars, abandoned buildings, and tent camps along the river or in the woods.
- **Socioeconomic Status:** 94% of HCH patients earn below 200% of poverty level (i.e. \$40,320 for a family of 3 in 2016).
- **Insurance Status:**
 - > 23% were uninsured.
 - > 63% were covered by Medicaid.
 - > 13% were covered by Medicare.
 - > 1% had private insurance.

NUMBERS SERVED

- **Health care users:** 1,631
- **Health care visits:** 8,608
- **Dental care users:** 162

HIGHLIGHTS IN HEALTH CARE FOR THE HOMELESS HISTORY

In 1987, Manchester Health Department (MHD) was awarded a federal (330h) health center grant from HRSA as part of the national Health Care for the Homeless Program to establish a *clinic without walls* providing primary health care and addiction services to people and families who are homeless in the greater Manchester area. MHD contracts with Catholic Medical Center (CMC) to implement program operations. Clinic sessions are offered daily at **New Horizons Shelter** and **Families in Transition** emergency shelter. In addition, street outreach is conducted on a daily basis touring streets, parks, woods and other smaller shelters in the area.

HCH team works closely with CMC, Poisson Dental Facility, Elliot Hospital, Manchester Community Health Center, Child Health Services, The Mental Health Center of Greater Manchester, Dartmouth Hitchcock Medical Center, Child and Family Services, Serenity Place, Farnum Center, Southern NH Services and most local health and human service providers.

GROWING DEMAND

Homelessness is growing in NH due to the high cost of housing. In 2016 NH Housing Wage = \$21.09 per hr; income required to afford a 2-Bedroom NH where average rental cost = \$1097 per month. NH ranks #15 *least* affordable state in which to live. And demand for services has increased due to the Opioid Epidemic and Safe Station program partnership. All in need of care are welcomed. No one is turned away.

SERVICES OFFERED

Primary Medical Care
For men, women and children
of all ages

Catholic Medical Center
supports diagnostics, laboratory
and Specialty Care

~

Local Private Practices
Dartmouth Hitchcock
Elliot Hospital
Also provide Specialty Care

Medical Case Management
Chronic Disease Management
Diabetes-Asthma-Hypertension

Integrated Behavioral Health

Substance Abuse Counseling

Shelter Based Clinics

Street Outreach

Dental Care / Eye Care

Safe Station Partners

Health Education

**Mindfulness Based Stress
Reduction**

**Testing / Treatment for
STD/HIV**

Tuberculosis Screening

Cancer Screening

Medication Assistance

Transportation

HEALTHFIRST

FAMILY CARE CENTER, INC.

Richard D. Silverberg, President and CEO
841 Central Street, Franklin, NH 03235
(603) 934-0177 ♦ healthfirstfamily.org
22 Strafford Street, Suite 1, Laconia, NH 03246

ABOUT OUR CLIENTS

- **Where They Live:** Our clients come from 23 rural townships within the Twin Rivers and Lakes Region of New Hampshire (i.e., Belknap, Carroll, Merrimack and Grafton counties), a population of approx. 82k.
- **Socio-Economic Status:** Over 65% of HealthFirst clients are at 200% of the federal poverty level or below (\$40,320 for a family of 3 in 2016).
- **Insurance Status:**
 - 11% were uninsured
 - 18% were covered by Medicare
 - 21% were covered by private insurance
 - 50% were covered by Medicaid

NUMBERS OF CHILDREN AND ADULTS SERVED

- Total Patients: 4,550
- Total Visits: 19,574

HIGHLIGHTS IN HEALTHFIRST HISTORY

1995: Established with funding from the
NH Department of Health and Human Services
1997: Received designation as a Federally-Qualified Look-Alike
2002: Designated as a Federally-Qualified Health Center
2006: Opened second primary care site in Laconia
2012: Expanded behavioral health integrated into primary care
2015: Dental expansion (adult ER diversion program)

FINANCIAL INFORMATION

- Agency Budget: \$5,161,666
- Employees: 45
- Total Uncompensated Care: \$132,000
- Uninsured Clients Served: 488
- Annual Savings to health care system (2014): \$4.8 million dollars (\$1,263 saved per patient)

A GROWING DEMAND FOR SERVICES (2011-2015)

- 18% decrease in uninsured patients
- 26% increase in Medicaid patients
- 42% increase in client visits
- Total Revenue grew by 94% or \$1,350,780

Sources:
2015 UDS data is self-reported by centers and is subject to change;
Capital Link Report is created with FY14 financial statement and 2014 UDS report;
HealthFirst Family Care Center internal documents
(Rev. 02/22/17)

SERVICES OFFERED

**Primary Healthcare for Men,
Women and Children of All Ages
Regardless of Ability to Pay or
Insurance Status**

**Prenatal and
Maternity Care Provided to
Mothers of 27 Infants**

**Women's Healthcare
Including but Not Limited to
Family Planning, and
Free Breast and Cervical Cancer
Screenings for Eligible Women**

**Disease Management and
Education on Managing Chronic
Diseases Such as Diabetes,
Asthma, Hypertension and HIV**

**HealthFirst Participates in the
Federal Health Disparities
Collaborative for Diabetes**

**Onsite Registered Patient
Navigator to Assist Clients with
Accessing Health Insurance
and Medicaid**

**Health and Wellness
Promotion and Education**

**Screenings and Treatments for
Chronic Illnesses**

Nutrition Counseling

**Behavioral Health Services
Integrated in Primary Care**

**School-Based Oral Health
Outreach Program
Screened 253 Individuals and
Gave Oral Health Education to
2,072 Children at 17 Schools**



Jonathan W. Brown, Executive Director
141 Corliss Lane, Colebrook, NH 03576
(603) 237-8336 ♦ www.indianstream.org

ABOUT OUR CLIENTS

- **Where They Live:** Patients come from 850 square miles encompassing the northern most regions of New Hampshire, Vermont and Maine.
- **Socioeconomic Status:** Half of Indian Stream patients have household incomes at or below 200% of the federal poverty level (i.e. \$40,320 for a family of 3 in 2016).
- **Insurance Status:**
 - 8% were uninsured
 - 21% were covered by Medicaid
 - 36% were covered by Medicare
 - 36% were covered by private insurance

NUMBERS OF CHILDREN AND ADULTS SERVED

- **Total Patients:** 3,834
- **Total Visits:** 17,986

HIGHLIGHTS IN INDIAN STREAM HISTORY

- 1979:** Practice established as Indian Stream Professional Association by the husband and wife team, Dr. Gifford & Dr. Parsons
- 1993:** Received Rural Health Clinic designation
- 2001:** Clinic purchased by Dartmouth-Hitchcock Clinic
- 2003:** Established as Indian Stream Health Center, Inc., a 501(c)(3) not-for-profit corporation
- 2006:** Designated as a Federally Qualified Health Center (FQHC)

FINANCIAL INFORMATION

- **Agency Budget (2015):** \$4,797,880
- **Employees:** 64
- **Annual Savings to health care system (2014):** \$5 million dollars (\$1,263 saved per patient)

A GROWING DEMAND FOR SERVICES (2011-2015)

- 4% increase in Medicare patients
- 13% increase in patient visits
- 31% increase in Medicaid patients

Sources:

2015 UDS data is self-reported by centers and is subject to change;
Capital Link Report is created with FY14 financial statement and 2014 UDS report;
Indian Stream Health Center internal documents

SERVICES OFFERED

Primary Medical Care

For men, women and children of all ages regardless of insurance status

Pediatric primary care

Developmental screenings, preventive care and treatment of acute illnesses

Family Planning Services

Services such as annual women's exams, vaccines, STD/HIV screenings and treatment, contraception supplies

Chronic Disease Management

Education and counseling for chronic diseases

Behavioral Health Services

Family therapy, substance misuse treatment and counseling, behavioral health counseling for issues such as depression and anxiety

Case Management Services

Help with transportation to medical appointments, and access to services such as Meals on Wheels

In House Pharmacy

Providing reduced cost medications

Oral Health Program

Access to preventive and restorative dental services

LAMPREY HEALTH CARE

Newmarket Center: (603) 659-3106

207 South Main Street, Newmarket, NH 03857

Raymond Center: (603) 895-3351

128 State Route 27, Raymond, NH 03077

Nashua Center: (603) 883-1626

22 Prospect Street, Nashua, NH 03060

ABOUT OUR PATIENTS

Where They Live: Our patients come from over 40 communities within Rockingham, Hillsborough and parts of Strafford Counties.

Socioeconomic Status: Approximately 70% of Lamprey Health Care patients are at or below 200% of the federal poverty level.

Insurance Status: In 2015, aggregating figures from all three centers showed 18% were uninsured; 29% were covered by Medicaid; 14% were covered by Medicare; and 39% had private insurance. However, in the Nashua Center, 32% of patients are uninsured.

NUMBERS SERVED (2015)

Total Patients: 15,779 **Patient Visits:** 59,232

HIGHLIGHTS IN LAMPREY HISTORY

2015: Integrated Behavioral Health Services

2015: Added Seacoast Public Health Network

2013: Recognized as NCQA Level III Patient Centered Medical Home

2011: Expansion of the Nashua Center

2005: Expansion of the Newmarket Center

2000: Implemented an Electronic Medical Records (EMR) system

2000: Third Center established in Nashua

1996: Expansion of the Raymond Center

1995: Developed School-Based Dental Program

1981: Second Center established in Raymond

1973: First Center established in Newmarket

1972: Created Transportation Program to improve access to health & community services for Seniors & Individuals with disabilities.

1971: Founded by a group of citizens to bring medical, health and supportive services to communities in Rockingham & Strafford Counties.

FINANCIAL INFORMATION

Agency Budget: \$14.5 million

Employees: 150 **FTEs:** 115.22

6/29/2016

Primary Medical Care

For adults and children of all ages, regardless of ability to pay.

Behavioral Health

Provided services to 376 patients

Prenatal Care

Comprehensive prenatal care including care management and nutritional counseling for 619 patients

Diabetes Care Management

Diabetes education and treatment for 1,441 patients

Asthma Care Management

Asthma education & treatment for approximately 2,479 patients

Breast & Cervical Cancer Screening

Enrolled and screened 305 women age 50+

Nutrition Education

Education provided in 390 patient visits

Social Services & Case Management

2,032 patient visits

Medication Assistance Program

Patients received prescription drugs from pharmaceutical companies valued at \$456,156

Interpretation

Interpretation services provided for 3,193 patients non-English speaking (mostly Spanish and Portuguese).

Preventive Dental Health

Our school-based dental program provided education to 3,388 students, screened 1,843 children in 10 schools & provided 348 referrals for follow up care

Senior Transportation Program

Provided 3,000 rides to elderly or disabled residents in 26 towns

Reach Out & Read

Provided books to pediatric patients ages 6 mos – 5 years to promote early literacy & a lifetime love of books

Health Care for the Homeless

Provided health & care management services to 1,126 homeless patients



Kris McCracken, President/CEO
145 Hollis Street, Manchester, NH 03101
TEL (603) 626-9500 FAX (603) 626-0899
www.mchc-nh.org

ABOUT OUR CLIENTS

- **Where They Live:** 91% in Manchester and neighboring towns; 9% are from various other counties.
- **Socioeconomic Status:** Approximately 81% of Manchester Community Health Center (MCHC) patients are known to be at 200% of the 2016 Federal poverty level or below (\$40,320 or less annually for a family of 3 in 2016).
- **Insurance Status:**
 - 23% were uninsured
 - 7% were covered by Medicare
 - 57% were covered by Medicaid
 - 13% were covered by private insurance
- **Languages Spoken:** Approximately 48% of MCHC patients do not use English as their primary language. The predominant non-English languages are Spanish, Arabic, Nepali, Vietnamese, Portuguese and Bosnian.

NUMBERS OF CHILDREN AND ADULTS SERVED

Total Patients: 13,365
Total Visits: 61,648

HIGHLIGHTS IN MANCHESTER CHC HISTORY

1993: Established to provide family oriented primary health care to the uninsured, underinsured or those lacking access to quality health care.

1997, 2000, 2003, 2006: Achieved *Joint Commission on the Accreditation of Healthcare Organizations (JCAHO)* and *Primary Care Effectiveness Review (PCER)* accreditation. MCHC was the first facility of its kind in the nation to achieve this joint recognition.

2004: Named Community Champion in Healthcare by Citizens Bank and WMUR.

2008: Celebrated 15th Anniversary

2008: Purchased office condo and relocated to new facility.

2014: Joining of MCHC & Child Health Services

2015: Joining of MCHC & West Side Neighborhood Health Center

FINANCIAL INFORMATION

Agency Budget: \$18,607,789
Employees: 232

A GROWING DEMAND FOR SERVICES – 2011-2015:

77% increase in patients served; 80% increase in patient encounters;
46% increase in Medicare patients; 195% increase in Medicaid patients;
86% increase in insured patients

Data is from 2016 UDS Summary Report, 2016 Capital Link Report,
Manchester Community Health Center Internal documents.

SERVICES OFFERED

Primary Medical Care

For adults and children of all ages regardless of insurance status. Services such as pediatric care, immunizations and adolescent care including depression screening

Family Planning Services

Specialty Care

podiatry services, dental services, and other special medical programs such as care coordination, developmental screenings and nutritional care

Chronic Disease Care

Services such as diabetic eye care, chronic disease self-management courses and high blood pressure program

Behavioral Health Services

Services such as mental health therapy, substance misuse counseling, and medication assisted therapy

Preventive Care

Lifestyle changes programs, nutritional counseling, cooking classes, breast feeding education, screenings for breast, cervical and colorectal cancer

Social Services and Supports

Family supports, and case management, transportation, language interpretation, food pantry, home visit program for pregnant women, teen clinic, medical/legal partnership, ACERT project & Family Justice Center

Free and Reduced Cost Prescriptions

Women and infant (WIC) enrollment

**Mascoma
Community
Health
Center**

Right Care, Right Costs, Right *Here*

**SERVICES TO BE
OFFERED**

18 Roberts Road, Corner of Route 4 and
Roberts Road
Canaan, NH 03741

<http://www.mascomacommunityhealthcare.org/>

Primary Medical Care
For men, women and
children of all ages,
regardless of insurance
status

ABOUT OUR FUTURE CLIENTS

Where They Live: Canaan, Enfield,
Dorchester, Orange and Grafton

Prenatal Care
Chronic Disease
Management
Women's HealthCare
Family Planning
Nutrition

**ABOUT MASCOMA COMMUNITY
HEALTH**

Mascoma Community Health Center will be a
community owned and operated non-profit
health and dental care facility and will include
wellness programs and social support
programs. The building is currently under
construction and will open in April/May 2017.

Wellness Programs
Dental Services
Behavioral Health Services

By year 4 of operations,
the center plans to have
on-site pharmacy,
radiology and laboratory
services



Where your care comes together.

101 Boulder Point Drive • Plymouth, NH 03264 • (603) 536-4000

100 Robie Road • Bristol, NH 03222 • (603) 744-6200

midstatehealth.org

ABOUT OUR CLIENTS

- **Where They Live:** Patients come from 18 geographically isolated, rural communities within Grafton, Belknap and Merrimack Counties. All of the towns are designated as Medically Underserved Populations.
- **Socioeconomic Status:** Approximately one-third (31%) of our service area residents are 200% of the Federal Poverty Level or below (i.e. \$40,320 or less annually for a family of 3 in 2016).
- **Insurance Status:**
 - 6% were uninsured
 - 13% were covered by Medicaid
 - 26% were covered by Medicare
 - 56% had private insurance, including Marketplace options

NUMBERS OF CHILDREN AND ADULTS SERVED

- **Total Patients:** 10,645
- **Total Visits:** 41,511 (includes medical, mental health, oral health, substance use disorder treatment & enabling service visits)

HIGHLIGHTS IN MID-STATE HISTORY

- 1998:** Established as a separate, non-profit corporation
2005: Changed name to Mid-State Health Center
2005: Designated a Federally Qualified Health Center Look-Alike
2013: Designated as a funded Federally Qualified Health Center
2014: Built a new health center facility in Bristol, NH
2015: Added oral health preventive and restorative services
2016: Expanded its services to include Medication Assisted Treatment

FINANCIAL INFORMATION

Agency Budget (FY2016): \$9,033,496

Employees (FY2016): 86.3 (105 individuals)

Annual Savings to health care system (2014): \$12.6 million dollars
(\$1,263 saved per patient)

A GROWING DEMAND FOR SERVICES (2011-2015)

- 5% increase in patients
- 6% increase in Medicaid patients
- 8% increase in Medicare patients
- 272% increase in uninsured patients

Sources:

2015 UDS data is self-reported by centers and is subject to change;

Capital Link Report is created with FY14 financial statement and 2014 UDS report;

Mid-State Health Center internal documents

SERVICES OFFERED

Mid-State's services are offered to the community regardless of ability to pay. Some services are offered at no cost to improve patient access to health care.

Primary Medical Care

For men, women and children of all ages, regardless of insurance status

Women's Health Care

Free breast and cervical cancer screenings for income-eligible women

Comprehensive Newborn and Pediatric Care

Pediatric health care for children

Disease and Case Management

Education on managing chronic diseases such as asthma, diabetes and hypertension

Behavioral/Mental Health Services

Dental Services

Comprehensive oral services such as cleanings, sealants and extractions.

Substance Use Disorder Treatment Services

On-site Laboratory

24-Hour Clinical Call Service

Patient Support Services

Marketplace Education & Outreach

Transportation Services

Language Interpretation Services

Prescription Services

Health and Nutritional Education, Promotion and Counseling

Oral Health Outreach Program



262 Cottage St., Suite 230
Littleton, NH 03561
603-259-3700
www.nchcnh.org

ABOUT NORTH COUNTRY HEALTH CONSORTIUM

The North Country Health Consortium (NCHC) was created in 1997 as a vehicle for addressing common issues through collaboration among health and human service providers serving Northern NH. NCHC is engaged in activities for:

- Solving common problems and facilitating regional solutions
- Creating and facilitating services and programs to improve population health status
- Health professional training, continuing education and management services to encourage sustainability of the health care infrastructure
- Increasing capacity for local public health essential services
- Increasing access to health care for underserved and uninsured NH residents

MISSION

“To lead innovative collaboration to improve the health status of the region.”

NCHC MEMBERS

NCHC’s Board of Directors and Membership are inclusive of all health and human service organizations in the North Country, an area inclusive of Coos and Northern Grafton Counties.

NCHC membership includes:

- 45th Parallel EMS
- Adaptive Sports Partners of the North Country
- All Saints’ Episcopal Church
- AHEAD, Inc.
- Ammonoosuc Community Health Services
- Androscoggin Valley Home Care Services
- Androscoggin Valley Hospital
- Center for New Beginnings
- Coös County Family Health Services
- Cottage Hospital
- Family Resource Center
- Franklin Pierce Physician Assistant Program
- Grafton County Human Services
- Grafton County Senior Citizens Council, Inc.
- Indian Stream Health Center
- Littleton Food Cooperative
- Littleton Regional Healthcare
- Mid-State Health Center
- Morrison Nursing Home
- NH AHEC/Geisel School of Medicine
- North Country Healthcare
- North Country Home Health & Hospice
- Northern Human Services
- Plymouth State University Center for Active Living & Healthy Communities
- RS Consulting
- Tri-County Community Action Program
- Upper Connecticut Valley Hospital
- Weeks Medical Center
- White Mountains Community College

SERVICES OFFERED

Education

- Health status monitoring and assessment to identify health needs
- Information and education about health issues affecting rural populations
- Training and continuing education for North Country Health professionals

Leadership

- Program development and implementation, project management, and grant writing
- Planning and implementation of positive youth development programming to increase leadership skills and resiliency factors
- Management and financial services for regional collaborative initiatives

Advocacy

- Working to improve the health status of rural people
- Mobilizing community and regional partners
- Promoting policies and plans that support individual and community health efforts



New Hampshire
Area Health Education Center

*30 Lafayette Street
Lebanon, NH 03766
603-653-3278
www.nhahec.org*

ABOUT US

The New Hampshire Area Health Education Center (NH AHEC) is one of a national network of programs that provide educational support to current and future members of the health care workforce and collaborate with community organizations to improve population health. The NH AHEC operates as a partnership between Dartmouth Medical School and Regional centers in Littleton and Raymond to serve the entire state.

NH AHEC is comprised of three offices, the Program office housed in Lebanon, NH at the Dartmouth Institute for Health Policy and Clinical Practice; and two Center offices, the Northern NH AHEC housed in Littleton, NH at the North Country Health Consortium; and Southern NH AHEC at Lamprey Health Center in Raymond, NH. In addition to the statewide AHEC network, AHECs are part of an active National AHEC Organization, representing every state and territory in the United States.

MISSION

NH AHEC strives to improve care and access to care, particularly in rural and underserved areas by enhancing the health and public health workforce in NH.

HIGHLIGHTS IN NH AHEC HISTORY

The national AHEC program began in 1972 to help prepare primary care physicians for community practice at a time when cost training occurred in the hospital setting. Its establishment coincided with the establishment of community health centers and the National Health Service Corps - supporting education, clinical care and workforce.

SERVICES OFFERED

Connecting students to health careers

Promoting health career awareness and recruitment for young people including activities such as health career day and residential camps

Improving care and access to care

Team training for health professions students from multiple disciplines

Wellness activities

Continuing education

Provided to health and public health providers throughout NH lunch and learn workshops

ABOUT OUR NH CLIENTS

- **Where They Live:** They live across the New England States. PPNNE serves NH patients in Manchester, Derry, Exeter, Keene and Claremont.
- **Socioeconomic Status:** Approximately 77% of our NH patients are at or below 200% FPL (\$40,320 or less annually for a family of 3 in 2016).
- **Insurance Status:**
 - 1% covered by Medicare
 - 23% covered by Medicaid
 - 28% uninsured
 - 47% covered by private insurance
- Total NH patients: 12,232
- Total visits: 17,608

NUMBERS OF CHILDREN AND ADULTS SERVED BY PLANNED PARENTHOOD

- Medical care users: 41,956 patients
13% are men, 87% are women
- Medical care visits: 62,316
76,465 STD screenings
12,899 pregnancy tests
4,752 pap exams
6,186 breast exams
- \$7.4 million in discounted and free health care provided

HIGHLIGHTS IN PPNNE HISTORY

- 1965 Planned Parenthood of Vermont (PPV) formed
- 1966 Planned Parenthood Association of the Upper Valley (PPAUV) formed
- 1984 PPV/PPAUV merge to form PPNNE
- 1986 PPNNE merges with Family Planning Services of Southwestern New Hampshire (Keene), Health Options (Manchester), Southern Coastal Family Planning, and Rockingham County Family Planning
- 2015 PPNNE Celebrates 50 years

PPNNE FINANCIAL INFORMATION (FY2015)

- Agency Budget: \$21 Million
- Employees: 221

SERVICES OFFERED

Primary Medical Care
Care to men and women regardless of health insurance status; services include well woman visits, HPV and Hepatitis A & B immunizations, cervical, breast, colorectal and testicular cancer screenings, pap exams, flu vaccines, high blood pressure, thyroid, cholesterol and diabetes screenings

Health Care Education
Peer sexuality education for high school students and community based sexuality education

Family Planning Services
Services such as contraception, STD/HIV testing and treatment, emergency contraception



Weeks Medical Center

173 Middle Street, Lancaster, NH 03584

(603) 788-4911

1-800-750-2366 (In NH only)

www.weeksmedical.org

ABOUT OUR CLIENTS

- **Where They Live:** Patients come from North Country towns of New Hampshire and Vermont.
- **Insurance Status:**
 - 5% were uninsured
 - 21% were covered by Medicaid
 - 26% were covered by Medicare
 - 47% had private insurance

NUMBERS OF CHILDREN AND ADULTS SERVED

- **Total Patients:** 9,884
- **Total Visits:** 52,369

HIGHLIGHTS IN WEEKS HISTORY

1996: Weeks Names Lars Nielson, MD New Chief Medical Officer
 2006: Weeks Auxiliary Raises \$22,000 for Artery Disease Test Equipment
 2007: Weeks installs Baby Abduction Protection System
 2008: Weeks Auxiliary donated \$26,795.00 for the purchase of a Glidescope for the Emergency Dept., Recumbent bike for Rehab, and a portable ventilator for Respiratory.
 2009: Weeks Auxiliary donated \$ 547, 797.00 for the purchase of a Bladder Scanner for Nursing, 2 Echocardiology beds, Small Joint Arthroplasty Equipment for OR and two transport monitors for Med-Surg.
 2010: Weeks Auxiliary donated \$16,547.00 for the purchase of 4 CADD Pumps for Med-surg.
 2011: Weeks Auxiliary donated \$19,335.00 for the purchase of a Spirometry for the Whitefield Physician Office, Renovated the Quiet room and helped the Gift Shop purchase a Point of Sale System.
 2012: Weeks Auxiliary donated \$19,695.00 for the purchase of 3 Ceiling Lifts for Med-surg.
 2013: Weeks Auxiliary donated \$14,598.00 for the purchase of Volunteer Smocks, Blanket Warmer Oncology, Ceiling lift for Med-surg.
 2014: Weeks Auxiliary donated \$26,000.00 for the hospital parking lot renovation project.
 2015: Weeks Auxiliary donated \$15,000 for hospital cafeteria renovations.
 2016: Weeks Auxiliary donate \$21,600.00 for the purchase of a Glidescope for the Emergency Department and 10 Elevated Chairs for the Physician Offices and Hospital Lobby.

GROWING DEMAND FOR SERVICES (2011-2015)

- 10% increase in insured patients
- 11% increase in patient encounters
- 16% increase in patients
- 21% increase in Medicare patients
- 57% increase in Medicaid patients

ADDITIONAL SERVICES

Cardiology
 Oncology
 Surgical Services
 Respiratory Therapy
 Radiology
 Emergency Medicine
 Hospitalist
 General Surgery
 Wound Healing
 Urology
 Pathology
 Pediatrics
 Pulmonology
 Speech Therapy

SERVICES OFFERED

Primary Medical Care
 For men, women and children of all ages, regardless of insurance status

Women's Health Care
 Free breast and cervical cancer screenings for income-eligible women, family planning services and STD screening and treatment

Pediatric Care
 Pediatric eye and ear screenings on site Parenting education, developmental screenings, and child development services for learning disabilities

Disease and Case Management
 Education on managing chronic diseases such as asthma, diabetes and hypertension

Health and Nutritional Education, Promotion and Counseling

Podiatry

Mental Health / Substance Abuse Referrals
 Services provided regardless of ability to pay

24-Hour Call Service

Rehabilitation Services
 physical, occupational, and orthopedic therapy

Behavioral Health Services

On Site Laboratory
 Services provided regardless of ability to pay

Transportation Services

Language Interpretation Services



WHITE MOUNTAIN COMMUNITY HEALTH CENTER

Whole Person. Whole Family. Whole Valley.

298 White Mountain Highway, Conway, NH 03818

(603) 447-8900

www.whitemountainhealth.org

ABOUT OUR CLIENTS

- **Where They Live:** Patients come from nine rural New Hampshire communities in Carroll County, as well as from neighboring Maine.
- **Socioeconomic Status:** Approximately 70% of White Mountain Community Health Center patients are at or below 200% of the federal poverty level (i.e. \$40,180 for a family of 3 in 2015).
- **Insurance Status:**
 - 6% were covered by Medicare
 - 22% were uninsured
 - 25% had private insurance
 - 47% were covered by Medicaid

NUMBERS OF CHILDREN AND ADULTS SERVED

- **Health care users:** 2,535
- **Patient care visits:** 9,906

HIGHLIGHTS IN WMCHC HISTORY

2000: White Mountain Community Health Center is established (Children's Health Center, established in 1968, and Family Health Center, established in 1981, merge)

2005: Began offering dental hygiene services, both on site and through a school-based program

FINANCIAL INFORMATION

- **Employees:** 30
- **Agency Budget:** 1.5 Million
- **Annual Savings to health care system (2014):** \$3.8 million dollars (\$1,263 saved per person)

CHANGING WITH THE COMMUNITY NEEDS

Screenings: White Mountain Community Health Center screens all patients age 12 and older for depression and substance misuse on a regular basis.

Families of children with mild to moderate iron deficiency anemia are not only educated about nutritional changes; they are also provided with a Lucky Iron Fish to assist with iron supplementation. Using a daily supply of drinking water that has been prepared using the Iron Fish can help raise iron levels without the uncomfortable side effects sometimes seen with iron supplements.

SERVICES OFFERED

Primary Medical Care
For men, women and children of all ages, regardless of insurance status

Prenatal Care
Comprehensive care with deliveries at Memorial Hospital

Women's Health Care
Free breast and cervical screenings for income-eligible women

Family Planning Services

Prescription Drug Program
Medication Bridge Program

Teen Walk-in Clinic
A safe and confidential place for teens
Teen educator on staff

HIV/STD Testing

Nutrition Education
Dietician and health educator on staff

**Social Services/
Case Management**
Assistance with obtaining fuel, food or housing assistance, flu clinic, food pantry, care coordination and case management

Dental Services
Children's Full Service Program and Adult Hygiene

Mental Health Counseling

Partners In Health Program
Outreach for families with children who live with chronic illnesses

Free Smoking Cessation

Acknowledgements

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and data for this Sourcebook.*

We welcome your questions.
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Bow, New Hampshire 03304

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